

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000115878**

1. Corporation Name

**HJS ENTERPRISES, INC.**

Principal Place of Business

10911 WINTER OAK PL.  
TAMPA FL 33624

Mailing Address

10911 WINTER OAK PL.  
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

103

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/2001

5. FEI Number

80-0012955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	SALADINO, JOLENE	10911 WINTER OAK PLACE	TAMPA FL 33624
			700024217447 10/28/03--01085--003 **183.75

8. Name and Address of Current Registered Agent

SALADINO, HAVEN J  
10911 WINTER OAK PL  
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Glenda E. Hood*  
REGISTERED AGENT MUST SIGN

Date

10/23/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

CR2E040 (7/03)

# KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN  
INSTITUTE AND THE FLORIDA  
INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272  
FACSIMILE (813) 258-2422  
WEB SITE: WWW.CPA-TAMPA.COM  
E-MAIL: KOEHLER@CPA-TAMPA.COM

October 23, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Regarding: HJS Enterprises, Inc.

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$183.75 and Form 2003 Application for Reinstatement for the above referenced corporation, representing the \$150 fee, \$8.75 for a certificate of status, and a \$25 fee.

*Please be advised that the above referenced corporation **never** received the original annual report or the second report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.*

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,



Keith W. Koehler